

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35727

Do not use this space.

1. PLACE OF DEATH

(a) County Mo. Registration District No. 791
(b) Township _____ Primary Registration District No. 1008
(c) City St. Louis Mo. (d) Street No. Residence St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Corine Baker
(a) Residence, No. 1421 O'Fallon St St. 25
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruben Baker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28, 1889
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
48 1 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Barbar Co.
(STATE OR COUNTRY) Mississippi

13. NAME Alex Moore

14. BIRTHPLACE (CITY OR TOWN) La.
(STATE OR COUNTRY)

15. MAIDEN NAME Eliza Young

16. BIRTHPLACE (CITY OR TOWN) Crystal Springs
(STATE OR COUNTRY) Miss.

17. INFORMANT Mary Evans
(ADDRESS) 1461 A Biddle St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE Oct 7 1937

19. FUNERAL DIRECTOR Ellis Funeral Home
(ADDRESS) 2820 Stoddard St

20. FILE 100 OCT 1937 J. Breuck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27 1937 to Oct. 3 1937
I last saw him alive on Oct. 2 1937. Death is said to have occurred on the date stated above, at 7 P.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Sept. 26
Cold won specific
Other contributory causes of importance:

Name of operation Consultation Date of _____
What test confirmed diagnosis? _____ Was an autopsy? X

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. A. Flowers M. D.
(Address) 1744 N. 10th St.

STATEMENT BY LICENSED EMBALMER

I, Lonnie Boykins, Licensed Embalmer No. 2946

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Lonnie Boykins

Licensed Embalmer No. 2946

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)